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## BIB DATA SHEET

CONFIRMATION NO. 6550

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/561,506	12/19/2005	530	1645	SONN:085US/10512514		
<b>RULE</b>						
<b>APPLICANTS</b> Andreas Meinke, Pressbaum, AUSTRIA; Eszter Nagy, Vienna, AUSTRIA; Birgit Winkler, Vienna, AUSTRIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/06460 06/16/2004 <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 03450148.6 06/17/2003 ○.○. <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/19/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance OO Initials	<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 1
Verified and	/OLUWATOSIN A OGUNBIYI/ Examiner's Signature					
Acknowledged						
<b>ADDRESS</b> FULBRIGHT & JAWORSKI L.L.P. 600 CONGRESS AVE. SUITE 2400 AUSTIN, TX 78701 UNITED STATES						
<b>TITLE</b> Chlamydia pneumoniae antigens						
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		